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## ▮ National Provider Identifier (NPI) Billing Update

Since the May 23, 2007, NPI implementation deadline has come and gone, MassHealth would like to update providers on its status and the effects on current billing procedures.

### Payments Continue to Be Issued to MassHealth Pay-to Provider Number

MassHealth originally planned to begin issuing payments and 835 transactions to pay-to NPIs on July 1, 2007. However, MassHealth has delayed this start date until further notice. Payments will continue to be issued to your seven-digit MassHealth pay-to provider number.

Status updates on this issue will be posted on the MassHealth Web site.

### Use of Taxonomy Codes

MassHealth providers are advised to enter a taxonomy code on their claims only when they have been requested to do so by MassHealth. In special circumstances, the taxonomy code is used to assist in processing your claims along with the NPI. Most claim submissions do not require an entry for the taxonomy code.

### Billing NPI on MassHealth Paper Claim Forms

In order for claims to be adjudicated correctly, the billing (pay-to) NPI should be entered in Item 1A of the MassHealth paper claim forms.

Furnishing (servicing) NPI, when required, should be included in the appropriate item numbers, as described below.

- Claim form no. 4: Item 11A
- Claim form no. 5: Item 23
- Claim form no. 9: Item 1C

**Visit the NPI Web page at  
[www.mass.gov/masshealth/npi](http://www.mass.gov/masshealth/npi)  
for the latest NPI news.**

### UB-04 Claim Form

When completing the UB-04 claim form, please follow the National Uniform Billing Committee (NUBC) manual for field definitions. You should refer to the MassHealth billing instructions for some specific values on the UB-04.

MassHealth has not changed the claim-processing requirements with the transition to the UB-04. Providers must still submit the field codes as outlined in their provider manual. Refer to the UB-04 paper claim billing instructions in the MassHealth Billing Guides for Paper Submitters link in the Provider Library at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs).

### Submitting Paper Claims with the Revised Claim Forms

All claims submitted on paper must use the revised claim forms, which were issued in June 2007. Even if you are not yet submitting your claims with an NPI, all paper claims must be submitted on the revised claim forms.

After September 1, 2007, any paper claims not submitted on the revised claim forms will be returned to the provider unprocessed. Please discard any older versions of claim forms that you may have in your possession.

Be sure to visit the NPI Web page at [www.mass.gov/masshealth/npi](http://www.mass.gov/masshealth/npi) for the latest NPI information.

## ▮ Well-Child-Care Billing Guidelines Available on MassHealth Web Site

MassHealth has updated the guide "Billing Guidelines for MassHealth Physicians and Mid-Level Providers, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services and Preventive Pediatric Healthcare Screening and Diagnosis (PPHSD) Services." This updated booklet can be accessed online from the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Click on MassHealth Provider Forms and

select the link from the Forms Used by Multiple Sites subheading.

Please Note: The information contained in the guide does not apply to providers at community health centers. Providers at those facilities should refer to billing instructions and service codes located in Subchapters 5 and 6 of the *Community Health Center Manual*. You can access this manual online from the Provider

Manuals link in the MassHealth Provider Library.

This comprehensive 10-page booklet is designed to provide information for Primary Care Clinician (PCC) plan and fee-for-service providers when they are billing for well-child care. Providers can use this guide to determine when visits are reimbursable as EPSDT services

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## Another Resource for Medicaid Information: The Centers for Medicare & Medicaid Services

Although the MassHealth Web site is the best resource for the latest MassHealth news and publications, the Centers for Medicare & Medicaid Services (CMS) Web site is another resource for information on the federal Medicare and Medicaid programs.

### About the CMS Web Site

The Medicaid section on the CMS Web site includes, but is not limited to, background information and additional links for the following subsections.

### General Information

This section is more member focused, explaining how the program works and who is eligible to join. It also gives background information on programs such as Medicaid Managed Care and the Programs for All-Inclusive Care for the Elderly (PACE).

### Coding

Healthcare Common Procedure Coding System (HCPCS) is the standardized

coding system for describing the specific items and services provided in the delivery of health care. This section explains the billing uses of HCPCS and place-of-service codes, along with recent updates to code sets.

Providers should note that some of the codes listed in this section may not be applicable to MassHealth billing. Be sure to check the MassHealth Web site to verify the applicable HCPCS codes.

**Visit the Centers for Medicare & Medicaid Services Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov).**

### Initiatives

You can find out more about new CMS programs, such as the homelessness initiative, in this section of the CMS Web site.

### Prescription Drugs

This sections covers topics such as drug

utilization review, federal upper- payment limits, and the drug- rebate programs.

Along with these sections, the Web site also has a listing of provider-specific program pages, such as fee-for-service, hospitals, and durable medical equipment.

This is not an exhaustive list of all the topics covered on the CMS Web site. Be sure to check out the CMS Web site for an array of information to assist you in understanding how the Medicaid program affects your business.

## Upgrade Version 1.84 Is Here

Provider Claims Submission Software (PCSS) upgrade version 1.84 has arrived.

If you use PCSS to submit claims to MassHealth, make sure you have access to the latest July upgrade to continue to use and experience the time-saving benefits of PCSS.

### Changes in PCSS Version 1.84

This version upgrade accommodates several Centers for Medicare & Medicaid Services (CMS) mandates and product enhancements effective April 1, 2007. Version 1.84 supports National Provider Identifier (NPI) implementation required by CMS, and includes the CMS annual updates for both ICD-9-CM and Healthcare Common Procedure Coding System (HCPCS) code files.

In light of the upgrade, you no longer need to download the PCSS Service Pack, which was added to the PCSS Downloads Web page in April. The Service Pack was

an interim solution that allowed providers who received a message from PCSS that their version of the program had expired to continue to use the software without any billing interruptions.

### Get Upgrade 1.84

If you are currently using PCSS to submit claims to MassHealth, you should download the upgrade 1.84 as soon as possible. Failure to update your software may result in a delay of your claims processing. If PCSS is already downloaded on your personal computer, you need to download only the upgrade 1.84 file; do not download the full version of PCSS.

**Go to [www.mass.gov/masshealth/pcss](http://www.mass.gov/masshealth/pcss) to download the upgrade.**

Don't waste any time—get the upgrade now! Just download PCSS version 1.84 from the MassHealth PCSS Web page at [www.mass.gov/masshealth/pcss](http://www.mass.gov/masshealth/pcss).

### New to PCSS

If you have never downloaded PCSS before, you will need to download the full version of PCSS, which includes the latest upgrade. Simply go to [www.mass.gov/masshealth/pcss](http://www.mass.gov/masshealth/pcss) and select the PCSS Downloads section.

If you prefer the software on CD, call MassHealth Customer Service at 1-800-841-2900 to arrange for a copy to be sent to your mailing address.

Please Note: PCSS is not available for use by MassHealth dental providers. Dental providers should call 1-800-207-5019 for more information about automated dental billing solutions.

## Provider Publications Summary

The following are some of the provider publications issued by MassHealth in June and July of 2007. You can review all of the MassHealth publications issued in June and July from the Provider Library at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs).

### Transmittal Letters

#### *MHC-37 (June 2007)*

This letter is to inform providers of a correction to the wording of Service Code 90862 in the *Mental Health Center Manual*. Currently, Service Code 90862 reads, "Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (in an office, outpatient facility, or residential care setting) (each 10 minute unit)."

The revised service code will read, "Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy (in an office, outpatient facility, or residential care setting) (each 15-20 minute unit)."

These changes became effective on March 1, 2007.

Providers can refer to the revised Subchapter 6 of the *Mental Health Center Manual* along with the American Medical Association Current Procedural Terminology (CPT) 2007 code book.

#### *ALL-147 (June 2007)*

This letter transmits a revision to regulations about copayments for independent-foster-care adolescents.

An independent-foster-care adolescent who was in the care and custody of the Department of Social Services on his or her 18th birthday is eligible for MassHealth Standard coverage until he or she reaches age 21, and is exempt from paying copayments.

These revisions were issued as emergency regulations and are effective June 1, 2007.

#### *ALL-148 (June 2007)*

Effective June 27, 2007, the Recipient Eligibility Verification System (REVS) now displays the plan type for members enrolled in the Commonwealth Care Health Insurance Program, also referred to as Commonwealth Care. Commonwealth Care is administered by the Commonwealth Health Insurance Connector Authority (the Connector). Commonwealth Care is a program that provides subsidies toward the purchase of private health insurance on behalf of enrolled Massachusetts residents who are not eligible for MassHealth benefits (other than MassHealth Limited) and who have household incomes at or below 300% of the federal-poverty level.

**Transmittal letters and provider bulletins are available in the online MassHealth Provider Library at [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs).**

Providers should note that Commonwealth Care coverage is not a MassHealth coverage type.

The following five messages will indicate which plan type a Commonwealth Care member is enrolled with and the responsibilities of the member with regard to monthly premium and/or copayments.

- 628: Commonwealth Care Plan Type I. Member does not have to pay a monthly premium. Member must pay copayments for prescription drugs.
- 629: Commonwealth Care Plan Type II. Member does not have to pay a monthly premium. Member must pay copayments for some services.
- 630: Commonwealth Care Plan Type II. Member must pay a monthly premium and copayments for some services.
- 631: Commonwealth Care Plan Type III. Member must pay a monthly premium and copayments for

some services.

- 632: Commonwealth Care Plan Type IV. Member must pay a monthly premium and copayments for some services.

More information about the program, Commonwealth Care, is available on the Connector Web site at [www.mass.gov/connector](http://www.mass.gov/connector).

### Provider Bulletins

#### *All Provider Bulletin 165 (June 2007)*

The new MassHealth Wellness program was introduced to providers in the June issue of *Update*. Since then, MassHealth has posted the Wellness Program brochure online.

The brochure can be accessed from the new Wellness Program Web site at [www.mass.gov/masshealth/wellness](http://www.mass.gov/masshealth/wellness).

#### *Vision Care Bulletin 14 (July 2007)*

This bulletin was issued to explain changes to the policy for nursing-home and home visits for vision-care services and the pickup and delivery of eyeglasses issued in 2006.

Effective July 1, 2006, MassHealth limited the use of Service Code T2002 for the delivery and pickup of eyeglasses to once per facility per date of service. Providers were not permitted to bill Service Code T2002 for each additional MassHealth member provided with pickup or delivery services to the same facility on the same date.

This policy has been revised for Service Code T2002, and the change in policy described below will be reflected in revised regulations.

Effective June 1, 2007, MassHealth pays for Service Code T2002 once per member per date of service for each member for whom the provider delivered or picked up eyeglasses, or to whom eye-exam services were provided, in a nursing-home or home setting.

## Well-Child-Care Billing Guidelines Available on MassHealth Web Site *(continued from page 1)*

or PPHSD services for MassHealth members under 21 years of age. The guide also describes applicable billing codes, provides sample billing scenarios, and includes questions and answers to common queries related to well-child-care billing.

Obtain copies of the guide for your office through one of the following options:

- send an e-mail to [publications@mahealth.net](mailto:publications@mahealth.net);

- fax a request to 617-988-8973;
- call MassHealth Customer Service at 1-800-841-2900; or
- mail a request to:  
MassHealth  
ATTN: Provider Support  
55 Summer Street, 8th Floor  
Boston, MA 02110.

PCC plan providers may also call the PCC plan hotline at 1-800-495-0086, extension 3, or go online to

[www.masspartnership.com](http://www.masspartnership.com) and click on the link For PCCs (in the upper right of the home page). This link directs you to a link for ordering support materials.

## MassHealth Reminders

### UB-04 Claim Form Reminder

Providers using the UB-04 claim form must enter the number of covered days in Item 7 (Untitled). MassHealth will not accept covered days reported in the value code fields. Claims that do not include the amount of covered days in Item #7 will deny. When reporting a diagnosis code, leave the Present on Admission (POA) indicator blank (shaded area at the end of the diagnosis code field in Item 67). Submitting the POA indicator may cause your claim to deny for an invalid diagnosis code. Refer to the UB-04 paper billing instructions for more information.

### Billing for Human Papillomavirus (HPV) Vaccine

When submitting a claim to MassHealth for dispensing the HPV vaccine to an eligible MassHealth member, be sure to submit a current invoice from the supplier for the vaccine. For MassHealth-enrolled females between the ages of nine and 18, providers must order state-supplied vaccine from the Massachusetts Department of Public Health. Providers may bill MassHealth for medically necessary HPV vaccine that is administered to eligible MassHealth female members over 18 years of age.

Providers are advised to check the Recipient Eligibility Verification System (REVS) to verify eligibility before administering the HPV vaccine.

### Use the CMS-1500 for Claims Submitted On or After September 1, 2007

With the implementation of the National Provider Identifier (NPI) on May 23, 2007, MassHealth began accepting both the CMS-1500 (Rev. 8/05) and the HCFA-1500 for Medicare Part B cross-over claims submitted on paper. This will continue through August 31, 2007. On September 1, 2007, MassHealth will accept the new CMS-1500 (Rev. 08/05) for all Medicare Part B crossovers. After this date, all claims submitted with the HCFA-1500 will be returned to the provider unprocessed.

### Billing Guides for the Paper UB-04 Claim Form Posted Online

The MassHealth Billing Guide for the UB-04 Paper Claim Form and the Guide to Remittance Advice and Electronic Equivalents for the UB-04 Claim Form have been posted to the MassHealth Web site. To access these instructions, go to the MassHealth Regulations and Other Publications link on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and select Provider Library, then MassHealth Billing Guides for Paper Submitters.

### Billing Guides for Paper Claim Form No. 4 and No. 9 Posted Online

The MassHealth Billing Guide for Paper Claim Form No. 4, the Guide to Remittance Advice and Electronic Equivalents for Claim Form No. 4, the MassHealth Billing Guide for Paper Claim Form No. 9, and the Guide to Remittance Advice and Electronic Equivalents for Claim Form No. 9 have been posted to the MassHealth Web site. To access these guides on the MassHealth Web site, go to [www.mass.gov/masshealthpubs](http://www.mass.gov/masshealthpubs) and select Provider Library, then MassHealth Billing Guides for Paper Submitters.